FINANCIAL STATUS REPORT

(Long Form)

			ions on the back)		Constitution of the same of th
Federal Agency and Organizational Element to Which Report is Submitted General Services Administration Pederal Agency By Federal Agency			dentifying Number Assigne	ed	OMB Approval Page of No. 1 1
Recipient Organiz	zation (Name and complete a	I uddress, including ZIP code)			pages
State of Tennes	see, Division of Electic		3		
4. Employer Identification Number 5. Recipient Account Number 62-6001445 86130501		er or Identifying Number	6. Final Report ☐ Yes ☑ No	7. Basis Cash Accrual	
8. Funding/Grant Period (See instructions)			9. Period Covered by t		1
From: (Month, Day, Year) 6/16/2003 To: (Month, Day, Year)		From: (Month, Day, Year) 1/1/2004		To: (Month, Day, Year) 12/31/2004	
10. Transactions:			17 17 2004		III
			Previously Reported	This Period	Cumulative
a. Total outlays			0.00	0.00	0.00
b. Refunds, rebates, etc.					0.00
c. Program income used in accordance with the deduction alternative			-		0.00
d. Net outlays (Line a, less the sum of lines b and c)			0.00	0.00	0.00
	of net outlays, consisting of	Service de la companya de la company El			
e. Third party (in-kind) contributions f. Other Federal awards authorized to be used to match this award					0.00
					0.00
g. Program income used in accordance with the matching or cost sharing alternative					0.00
h. All other recipient outlays not shown on lines e, f or g					0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00	0.00	0.00
j. Federal share	e of net outlays (line d less lin	e i)	0,00	0.00	0.00
k. Total unliquidated obligations				Street Control of the	
l. Recipient's st	hare of unliquidated obligation	s			
m. Federal share of unliquidated obligations			A Section Section Co.		
n. Total Federal share (sum of lines j and m)			The state of the s	Application of the second seco	0.00
o. Total Federal funds authorized for this funding period				Explored by the control of the contr	2,493,730.98
p. Unobligated balance of Federal funds (Line o minus line n)			and the second s		2,493,730.98
		eres a est con la comprese es			
Program income, consisting of: q. Disbursed program income shown on lines c and/or g above r. Disbursed program income using the addition alternative s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)			Oping the Section of		0.00
11. Indirect		Type of Rate (Place "X" in appropriate box) ☐ Provisional ☐ Predetermined		☐ Final ☐ Fixed	
Expense	b. Rate	c. Base	d. Total Amount	e. ř	ederal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with					
governing legislation. Title I, Section 102 Help Americà Vote Act					
	les interest earned of \$	•			+
		owledge and belief that this i for the purposes set forth in		nplete and that all outle	lys and
Typed of Printed Name and Title Brook Thompson State Constructor at Etculon				Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official				Date Report Submitted	
February 17, 2006					

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